

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		1				
7		1				
8		4				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17			1			
18				1		
19				1		
20			1			
21				1		
22				1		
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47						
48						
49						
50						
TOTAL IND.	1		3			
TOTAL DEP.		14		1		
TOTAL CLAIMS	1	14	3	1		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						